



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

PRENEED FUNERAL CONTRACT - MONTHLY REPORTING FORM
CONTRACTS WITH INSURANCE COMPANY

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. §§ 32-7-10 et seq. and S.C. Code Ann. § 40-19-290(E)
www.scconsumer.gov

803-734-4236/800-922-1594

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

Funeral Home	_____	Preneed License Number	_____
Funeral Director	_____	Contact Person	_____
Funeral Home Address	_____	Telephone Number	_____

This completed form is to be submitted MONTHLY to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250-5757. In addition to the form, a copy of each new contract, **a copy of the funeral goods and services agreement**, and a \$20.00 fee for each contract written, payable to the South Carolina Department of Consumer Affairs, should be attached. The check **must** be issued by the Funeral Home (no personal checks accepted).

A. CONTRACTS SOLD

Date of Contract	Name and Address of Purchaser and Beneficiary, if Different from Purchaser.	Name Address of Insurance Company Where Funds are Deposited	Total Amount of Contract	Insurance Policy Number	Guaranteed/Non-Guaranteed and Revocable/Irrevocable
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

B. CONTRACTS PERFORMED, CANCELLED OR TRANSFERRED

Date of Original Contract	Policy Number	Name of Purchaser	Name of Beneficiary	Date of Death, Cancellation or Transfer